

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5821

State File No. ....

FILED MAR 7 1950

BIRTH NO. ....		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u> Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Rag</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ragville</u>		c. LENGTH OF STAY (in this place) <u>4 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u> <u>0021</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Jane</u> c. (Last) <u>Jordan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>26</u> <u>1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 11 1858</u>		9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR, Months <u>9</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Leeds England</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Gray</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Scott</u>	
14. NAME OF HUSBAND OR WIFE <u>C. R. Jordan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Fannie Harmon Savannah Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 16, 1950</u> , to <u>Feb 26, 1950</u> , that I last saw the deceased alive on <u>Feb. 26, 1950</u> , and that death occurred at <u>7:30A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. E. R. Ruman A.B.O.D.</u>		23b. ADDRESS <u>Richmond, Mo</u>		23c. DATE SIGNED <u>2/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah</u>	
24d. LOCATION (City, town, or county) (State) <u>Savannah Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Bret Turner</u>		24f. ADDRESS <u>Home Savannah Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 27-1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		24g. ADDRESS <u>Home Savannah Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 4  
District File Number  
Date Filed 3-6-86

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*R. Lester Bran*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

4472

P. O. Address.....

*Savannah Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.